IN THE MATTER OF	*	**BEFORE THE**
PRECIOUS MORRISON-ROSS, PA-C	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License Number: C02818	*	**Case Number: 2016-0449B**

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CONSENT ORDER

On November 14, 2017, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") charged **PRECIOUS MORRISON-ROSS, PA-C** (the "Respondent"), License Number C02818, under the Maryland Physician Assistants Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ. II") §§ 15-101 *et seq.* The Respondent is charged under the following provisions of Health Occ. II § 15-314:

> (a) *Grounds.* - Subject to the hearing provisions of § 15-315 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum, may reprimand any physician assistant, place any physician assistant on probation, or suspend or revoke a license if the physician assistant:
>
> (22) Fails to meet appropriate standards for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State[.]

On February 28, 2018, a conference with regard to this matter was held before a panel of the Board's Disciplinary Committee for Case Resolution ("DCCR"). As a result of the DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

I. BACKGROUND

1. The Respondent was and is a physician assistant licensed in the State of Maryland. She was initially licensed in Maryland on October 23, 2003. Her Maryland license is current and is scheduled to expire on June 30, 2019.

2. At all relevant times, the Respondent was employed as a physician assistant at a private practice ("Practice A") in Maryland specializing in rehabilitation and pain management.[1] The Respondent's supervising physician ("Physician A") is board-certified in both physiatry and pain management.

II. COMPLAINT

3. On or about December 16, 2015, the Board received a complaint from an insurer alleging that the Respondent overprescribes controlled dangerous substances ("CDS").

4. Thereafter, the Board initiated an investigation.

5. On or about January 20, 2016, the Board issued a subpoena to local pharmacies for drug surveys of CDS prescribed by the Respondent from January 2015 through January 2016.

6. On or about March 2, 2016, the Board issued a subpoena to Practice A for the Respondent's personnel file, as well as 10 patient records selected from the drug surveys.

7. On or about April 22, 2016, the Board notified the Respondent of its investigation.

8. On or about May 13, 2016, the Board received from the Respondent's summaries of care for each of the ten patients.

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[1] In order to maintain confidentiality, names will not be used in these Charges.

9. On June 7, 2016, a member of the Board's staff interviewed the Respondent under oath.

10. On June 30, 2016, in furtherance of its investigation, the Board transmitted the 10 patient records (and other relevant documents) received from the Respondent for peer review by a physician assistant reviewer ("the reviewer") who specializes in interventional pain management.

11. On November 29, 2016, the Board received the reviewer's report. The results of the peer review are summarized below.

III. PATIENT-SPECIFIC FINDINGS OF FACT

12. The reviewer opined that the Respondent violated the standard of quality medical care in nine of ten patient records reviewed (identified in the peer review reports as Patients 1, 2, 3, 4, 5, 6, 8, 9 and 10).

13. Specifically, the reviewer found that the Respondent failed to meet the standard of quality care for reasons including but not limited to the following. The Respondent:

a. Prescribed high doses of short-acting and/or long-acting opioid medication (Patients 1, 2, 3, 4, 6, 8, 9 and 10). For Patients 9 and 10, the Respondent prescribed an excessive amount of opioids that was not justified by imaging studies;

b. In one instance, Patient 1 was appropriately prescribed high doses of pain medications pre- and post-operatively. However, the Respondent failed to decrease Patient 1's pain medication post-operatively, once the acute pain resolved;

c. Failed to follow up on and address multiple inconsistent urine drug screens (Patients 1, 2, 4, 5, 8 and 9). In one instance, Patient 4 had eight inconsistent urine drug screens but the Respondent failed to discontinue opioid treatment. In addition, Patient 4 submitted to a pill count, but did not comply until five days after the Respondent made the request, casting doubt on the effectiveness of this tool as a measure of compliance;

d. Failed to appropriately refer to an interventionalist to aid in the reduction of the use of opioids (Patients 1, 3, 4, 6, and 10);

e. Prescribed other CDS in combination with opioids which increases the risk of respiratory depression and overdose (Patients 2, 4, 5, and 8). For example, the Respondent prescribed to Patient 2 (who had a diagnosis of obstructive sleep apnea) high doses of opioids and a benzodiazepine, both of which decrease respiratory drive. The combination of medications may have contributed to Patient 2's diagnosis of hypercapnic respiratory failure;

f. Failed to obtain initial or updated imaging studies (Patients 2, 4 and 9);

g. Failed to act on red flags associated with chronic opioid use (Patients 4 and 6). For example, despite Patient 6's documented history of inappropriate self-escalation of short-acting opioids, the Respondent prescribed high-dose, short acting opioids and failed to implement pill counts;

h. Failed to review or perform an opiate risk assessment tool to determine the necessity of more rigorous monitoring (Patients 4, 5, 6, and 8). In one instance, when Patient 10's risk study indicated an increased risk for the use of

opioids, the Respondent failed to implement more rigorous monitoring of drug compliance;

i. Failed to maximize the use of multi-modal therapies such as psychotherapy, interventional treatment, neuropathics, physical therapy, or acupuncture in conjunction with opioids (Patient 10); and

j. Failed to recommend a detoxification program and/or utilize abuse deterrent versions of medications, where available (Patient 10).

CONCLUSIONS OF LAW

Based on the forgoing Findings of Fact, Disciplinary Panel B of the Board concludes as a matter of law that the Respondent failed to meet appropriate standards for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State, in violation of Health Occ. § 15-314(a)(22).

ORDER

It is, on the affirmative vote of a majority of the quorum of Board Disciplinary Panel B, hereby

ORDERED that the Respondent is **REPRIMANDED**; and it is further

ORDERED that the Respondent is placed on **PROBATION**[2] for a minimum period of **SIX (6) MONTHS** with the following conditions:

a. The Respondent's medical practice shall be supervised by a panel-approved peer supervisor for the duration of six (6) months of active clinical practice. Within 30 days of the effective date of the Consent Order, the Respondent shall provide the panel with the name and professional background information of the supervisor whom she is offering for approval. The panel-approved supervisor must familiarize himself or herself with the relevant Board and Panel orders and peer

[2] If the Respondent's license expires while the Respondent is on probation, the probationary period and any probationary conditions will be tolled.

review reports concerning the Respondent. The Respondent consents to the release of these documents to the supervisor. Each month the supervisor shall review the patient records, chosen by the supervisor, of at least ten (10) of the Respondent's patients. The supervisor shall meet in-person with the Respondent at least one (1) time each month. Discussion at the in-person meetings shall include the care the Respondent has provided for specific patients and detailed feedback from the supervisor on the Respondent's practices. The supervisor shall be available to the Respondent for consultations on any patient and shall observe the Respondent's practice and have access to the Respondent's patients' records and shall maintain the confidentiality of all medical records and patient information. Additionally, the Respondent shall ensure that the supervisor provides the Board with quarterly reports concerning whether there are any concerns with the Respondent's medical practice. If there are indications that the Respondent poses a substantive risk to patients, the supervisor shall immediately report his or her concerns to the Board;

b. The Panel will issue administrative subpoenas to the Maryland Prescription Drug Monitoring Program on a quarterly basis for the Respondent's CDS prescriptions. The administrative subpoenas will request a review of the Respondent's CDS prescriptions from the beginning of each quarter;

c. Within six (6) months, the Respondent shall successfully complete a Board disciplinary panel-approved course in CDS prescribing. The Board disciplinary panel will not accept a course taken over the Internet. The course may not be used to fulfill the continuing medical education credits required for license renewal. The Respondent must provide documentation to the Board that the Respondent has successfully completed the course;

d. The Respondent shall comply with the Maryland Physician Assistant Act, Md. Code Ann., Health Occ. §§ 15-101 - 403, and all laws and regulations governing the practice of medicine in Maryland; and it is further

ORDERED that the Respondent shall not apply for the early termination of probation; and it is further

ORDERED that after a minimum of **SIX (6) MONTHS**, the Respondent may submit a written petition to the Board requesting termination of probation. After consideration of the petition, the probation may be terminated through an order of the Board or Panel B. The Respondent may be required to appear before the Board or Panel B to discuss her petition for termination. The Board or Panel B will grant the petition to terminate the probation if the Respondent has complied with all of the probationary terms and conditions and there are no pending complaints related to the charges; and it is further

ORDERED that if the Respondent allegedly fails to comply with any term or condition of probation or this Consent Order, the Respondent shall be given an opportunity for a hearing. If there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings. If there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before the Board or Panel B; and it is further

ORDERED that if the Respondent has failed to comply with any term or condition of probation or this Consent Order, the Board or Panel B may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice medicine as a physician assistant in Maryland. The Board or Panel B may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that unless stated otherwise in the order, any time period prescribed in this order begins when the Consent Order goes into effect. The Consent Order goes into effect upon the signature of the Board's Executive Director, who signs on behalf of Panel B; and it is further;

ORDERED that this Consent Order is a public document pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq*. (2014).

May 10, 2018
Date

Christine A. Farrelly
Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, Precious Morrison-Ross, PA-C, acknowledge that I was represented by counsel before entering this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of a disciplinary panel of the Board that I might have filed after any such hearing.

I sign this Consent Order voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

Signature on File

4/30/19
Date

Precious Morrison-Ross, PA-C
Respondent

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF Dorchester

I HEREBY CERTIFY that on this 30th day of April 2018, before me, a Notary Public of the foregoing State and City/County, personally appeared Precious Morrison-Ross and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESS MY hand and notarial seal.

Dawn Marie Ramey

Notary Public

My commission expires: 8/10/19